

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0495015 AV

**DOCUMENT # S15409**

1. Entity Name

KARL G. SIEG, M.D., P.A.

04-02-2002 90903 045 \*\*\*150.00

Principal Place of Business

Mailing Address

501 GOODLETTE RD N  
 B-206  
 NAPLES FL 34102  
 US

~~501 GOODLETTE RD~~  
~~B-206~~  
~~NAPLES FL 34102~~  
~~US~~

*Charge*  
 ↓



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0229245

Applied For

Not Applicable

Zip

Country

Zip

Country

23185

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEG, MARY M  
 6785 MILL RUN CIR.  
 NAPLES FL 34109

Name: *Lyn Payson - ACKROD*  
 Street Address: *1100 5th Avenue South*  
 Suite: *408*  
 City: *Naples* FL Zip Code: *34102*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Lyn Payson - ACKROD*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing: Trust Fund Contribution. ☐ **-\$5.00 - May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PST**  
 NAME: **SIEG, KARL G MD**  
 STREET ADDRESS: ~~501 GOODLETTE RD N B-206~~  
 CITY-ST-ZIP: ~~NAPLES FL 34102~~

TITLE: ☒ Change ☐ Addition  
 NAME: *5251-18 John Tyler Hwy Pmb 355*  
 STREET ADDRESS: *Williamsburg, VA*  
 CITY-ST-ZIP: *23185*

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
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TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE OF KARL G. SIEG, M.D., P.A.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/02 757-220-1875*  
 Date Daytime Phone #

CR2E034 (9/01)